

Douglas County Veterans Treatment Court Application

(Please print or type)

Date: _____ Case Number(s): _____

Last Name: _____ First Name: _____ MI: _____

Date of Birth: _____ Gender: M/F Ethnicity: White/Black/Hispanic/Other _____

Marital Status: Married/Divorced/Separated/ Widowed/ Single Children: Y/N If yes, age(s): _____

Address: _____

City: _____ State: _____ Zip: _____ Email: _____

Mailing Address (if different): _____

Phone: _____ (H) _____ (W) _____ (C)

Driver's License or State ID #: _____ SS#: _____

Length of Residence in Douglas County: _____ Possession of DD-214: Yes/No

Branch of Service: _____ Discharge Type: _____

Entry date(s): _____ Discharge Date(s): _____

Military Occupational Specialties: _____

Rank: _____ Period(s) of Combat: _____

Combat Deployments: Combat Zone(s): Vietnam DS/DS OEF OIF OND

Contingency: Grenada, Panama, Somalia, Haiti, Bosnia, Kosovo

Diagnosed Military service-related mental illness, traumatic brain injury, substance abuse disorder, or psychological problem: Yes/No

Describe: _____

Prior Diagnosis/Treatment (when and where):

Supporting Documentation (describe and attach):

Additional Information/Mitigation (describe and attach):

Diagnosis Verified by Thyris Taylor, Veterans Justice Outreach Clinician (VJO): Yes/No

Current Charges:_____

Attorney's Name:_____ Attorney's Phone Number:_____

Date: _____ Case Number(s): _____

Last Name:_____ First Name:_____ MI:_____

Statement of Service in the United States Armed Forces

The following is a statement in the applicant's own words describing my service as a member of the United States Armed Forces, including rank, decorations, awards, tours of duty abroad, duty stations and any referral of charges against the applicant. If the applicant is no longer a member of active duty or active reserve duty, then they have attached a copy of their DD Form 214 which details the circumstances and characterization of discharge from the Armed Forces. If they are unable to attach my DD Form 214 then the applicant has attached a sworn affidavit regarding the circumstances and characterization of the applicant's discharge from the Armed Forces:

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

I certify that the foregoing statement is true.

Applicant (Print Name)

Applicant (Signature)

Date _____

Request to Enroll in the Douglas County Veterans Treatment Court Program

Having been charged with the criminal offense(s) of _____, and believing that I may qualify to enroll in the Douglas County Veterans Court (DCVTC) Program in lieu of sentencing, I hereby apply for referral of my case(s) to the DCVTC program.

I understand that the DCVTC program is a program designed to address potential physical and mental health issues that may have played a part in my becoming involved in the above-listed conduct. DCVTC is not a way for me to escape responsibility for my actions, but instead to address them in an appropriate forum.

Should I be approved for enrollment in the program, I understand that I will be required to work with the staff at any recommended medical and/or mental health providers to address various problems and issues that I may be facing. I also understand that I will be required to appear before the Judge presiding over the DCVTC program at regular intervals, and as directed, where inquiry will be made into my level of participation and progress within the program.

Because physical and mental health issues are wide ranging and complex, I understand that I may be required to participate in this program for an average of 12-24 months. I realize that I will only be successful in this program if the Judge, the Prosecutor, and the staff of the DCVTC, and recommended medical and/or mental health providers agree that I have made sufficient progress in addressing the issues in my life that can be linked to the events surrounding my misconduct.

In order to participate in the program, I understand that I will have to make a full disclosure about my involvement in the crime(s) I have been charged with. I also understand that I will have to give permission to any medical and/or mental health providers, including their affiliates, to release any pertinent information to the Judge, the Prosecutor, and any other agent or official designated by the Court that may relate to my participation in the program, even if this information would normally be protected by privacy rules or regulations. I also understand that my appearances before the Judge will be in open court at a docket designed for other DCVTC participants and that general information about my participation, my history, and my treatment may be discussed in that setting. Of course, every effort will be made to avoid discussion of extremely private, embarrassing, or sensitive information in that forum.

I have read and understand the above information and agree with the above cited rules and policies. I also hereby give permission to the entities involved in the DCVTC program, including the Judge, the Prosecutor, the staff of any relevant medical or mental health provider (to include any relevant associates), any probation officer or other official, and my attorney to disclose and discuss relevant information about me as it pertains to my participation in this program. I understand that this information may include otherwise private information regarding my diagnosis, treatment, criminal history, and the like. I also hereby certify that I have consent to make application for this DCVTC from the appropriate prosecutor.

Applicant (Print Name)

Applicant (Signature)

Date

The Applicant read, acknowledged and signed the above statement in the presence of the undersigned Applicant's attorney and/or the prosecutor, this the _____ day of _____, 20____.

Applicant's Attorney

Date